N

Docket No. 3115.00017

Declaration and Power of Attorney For Patent Application

English Language Declaration

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

VACCINE IMMUNOTHERAPY FOR IMMUNE SUPPRESSED PATIENTS

the specification of wh			
(check one)			
is attached heretowas filed onApplication Number		as United States Application No.	or PCT International
and was amended	on		
		(if applicable)	
		rstand the contents of the above indment referred to above.	dentified specification,
	ity to disclose to the lin	ited States Patent and Trademark	Coffice all information
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known to me to be section 1.56. I hereby claim foreig Section 365(b) of any any PCT International listed below and have	material to patentability In priority benefits under In the state of	as defined in Title 37, Code of er Title 35, United States Code, for patent or inventor's certificate mated at least one country other to checking the box, any foreign a lication having a filing date before	Section 119(a)-(d) or e, or Section 365(a) of than the United States, pplication for patent or
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Section 365(c) of any PCT Internationsofar as the subject matter of each Jinited States or PCT International and Ji.S.C. Section 112, I acknowledge of Diffice all information known to me Section 1.56 which became available or PCT International filing date of this (Application Serial No.)	h of the claims of this app application in the manner pathe duty to disclose to the to be material to patentab between the filing date of	olication is not disclosed in the pri provided by the first paragraph of 3 United States Patent and Tradema ility as defined in Title 37, C. F. F

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

(Filing Date)

(Application Serial No.)

(Status)

(patented, pending, abandoned)

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (list name and registration number) Amy E. Rinaldo, Reg. No. 45,791 Kenneth I. Kohn, Reg. No. 30,955 Send Correspondence to: Kenneth I. Kohn Kohn & Associates 30500 Northwestern Hwy., Suite 410 Farmington Hills, Michigan 48334 Direct Telephone Calls to: (name and telephone number) (248) 539-5050 Full name of sole or first inventor John W. Hadden Sole or first inventor's signature Residence **Cold Spring Harbor** Citizenship Post Office Address **428 Harbor Road** Cold Spring Harbor, New York 11724 Full name of second inventor, if any Second inventor's signature Residence Citizenship

Post Office Address

Date

Date